

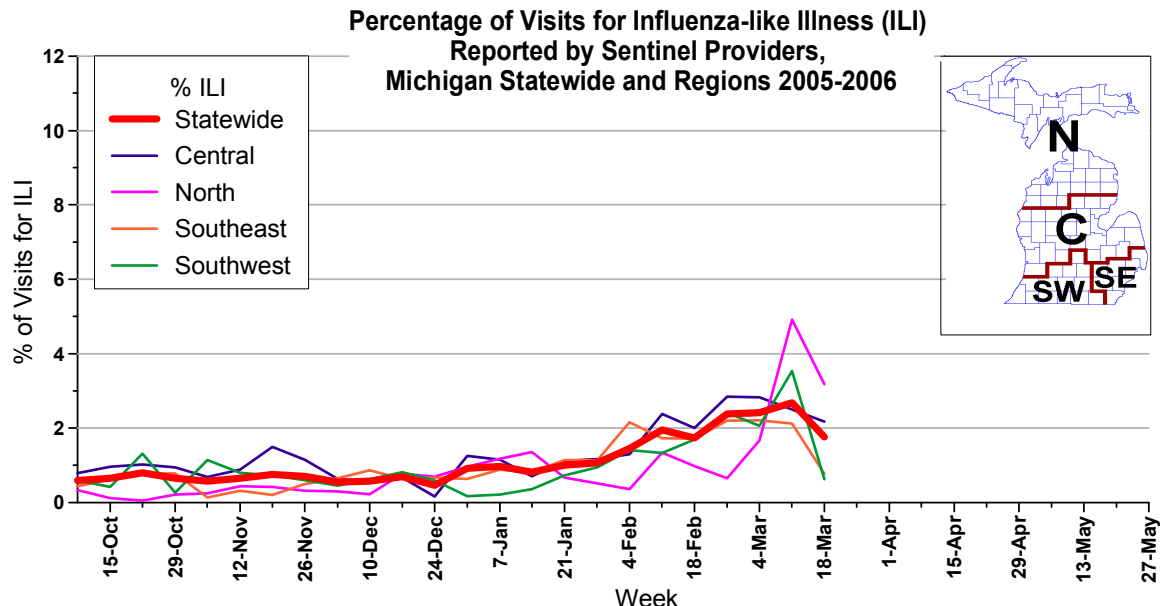
MIFluFocus
March 23, 2006
Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, has been continuing to decline. The level reported for the most recent week is substantially less than that reported for the same week in March 2005.

Emergency Department Surveillance: Emergency department visits due to constitutional and respiratory complaints, which both peaked at the end of February, seem to have decreased in recent weeks. The decrease does, however, seem to be more pronounced among constitutional emergency department visits. Compared to the same week last year, the level of constitutional visits is roughly the same and the level of respiratory visits is increased. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products are somewhat mixed. The most recent trends demonstrate decreases in chest rubs, cough/cold medication, electrolytes, and thermometers, while antifever medication, adult and pediatric cold relief, and nasal products seem to indicate a very slight increase. Compared to the same period last year, sales of antifever medication, chest rubs, and thermometers are increased, while the remaining indicators are the same or decreased.

Sentinel Surveillance (as of March 23, 2006): During the week ending March 18, 2006, the proportion of visits due to influenza-like illness (ILI) moderately decreased from last week to at 1.8% of all visits. All regions reported a decrease and the percentage of visits for ILI was Central, 2.2%; North 3.2%; Southeast, 0.8%; Southwest, 0.6%



Laboratory Surveillance (March 23, 2006): MDCH lab has confirmed 122 influenza A cases, 116 H3N2, 3 with subtype pending, and 3 B cases. Sentinel laboratories in the southern regions show some labs reporting ongoing influenza activity, while others are beginning to show decreases. The other regions are beginning to decrease. All age groups continue to be represented at this time.

Influenza-Associated Pediatric Mortality (as of March 23, 2006; CDC data as of 3/17): To date, MDCH has investigated one influenza-associated pediatric death in Region 2S. Influenza A (H3N2)

Avian Influenza Activity:

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

Table 1. H5N1 influenza-avian (Poultry outbreaks March 16): downloaded 3/23/2006
http://www.oie.int/downld/AVIAN%20INFLUENZA/Graph%20HPAI/graphs%20HPAI%2016_03_2006.pdf

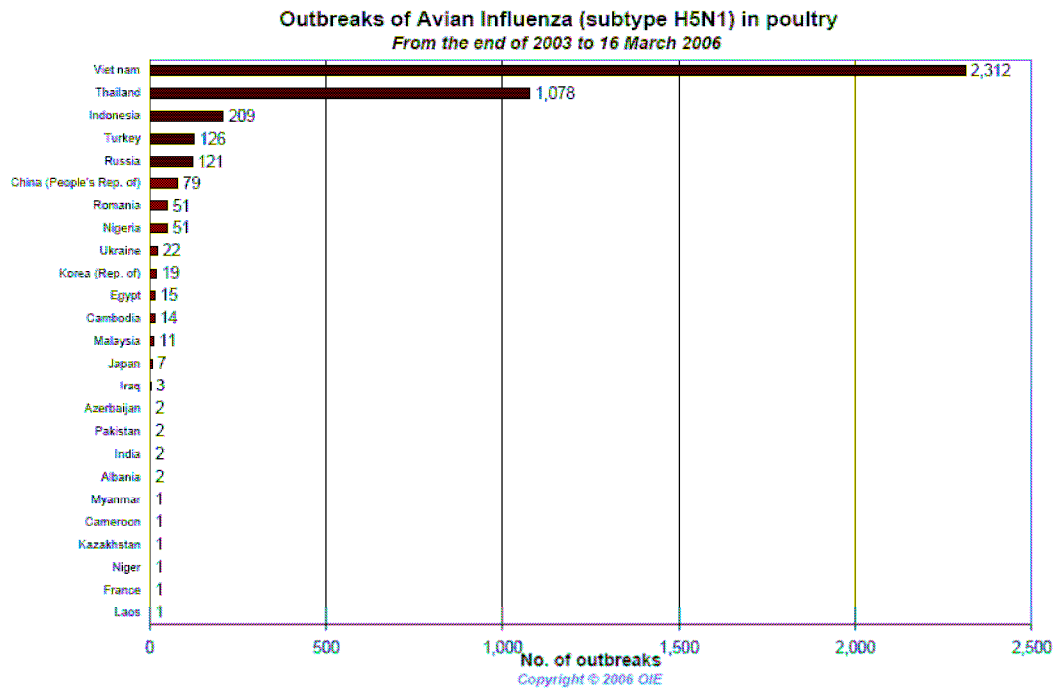


Table 2. H5N1 influenza-human: (March 21, 2006) (Source: Downloaded 3/23/06
http://www.who.int/csr/disease/avian_influenza/country/cases

Cumulative Number of Confirmed Human Cases of Avian Influenza A(H5N1) Reported to WHO 21 March 2006

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	7	5	7	5
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	7	5	15	10
Indonesia	0	0	0	0	17	11	12	11	29	22
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	40	27	184	103

Total number of cases includes number of deaths.
 WHO reports only laboratory-confirmed cases.

